

FORM B1						United States Bankruptcy Court Northern District of Illinois							Voluntary Petition		
Name of Debtor (if individual, enter Last, First, Middle): Journigan, Michael F.								Name of Joint Debtor (Spouse) (Last, First, Middle): Journigan, Donna J.							
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):								All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):							
Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): xxx-xx-9763								Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): xxx-xx-1853							
Street Address of Debtor (No. & Street, City, State & Zip Code): 100 Iowa Ave. Joliet, IL 60433								Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 100 Iowa Ave. Joliet, IL 60433							
County of Residence or of the Principal Place of Business: Will								County of Residence or of the Principal Place of Business: Will							
Mailing Address of Debtor (if different from street address):								Mailing Address of Joint Debtor (if different from street address):							
Location of Principal Assets of Business Debtor (if different from street address above):															
Information Regarding the Debtor (Check the Applicable Boxes)															
Venue (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.															
Type of Debtor (Check all boxes that apply) <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Railroad <input type="checkbox"/> Corporation <input type="checkbox"/> Stockbroker <input type="checkbox"/> Partnership <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Other _____ <input type="checkbox"/> Clearing Bank						Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding									
Nature of Debts (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business						Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.									
Chapter 11 Small Business (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)															
Statistical/Administrative Information (Estimates only) <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.											THIS SPACE IS FOR COURT USE ONLY				
Estimated Number of Creditors															
Estimated Assets															
Estimated Debts															

Voluntary Petition (This page must be completed and filed in every case)		Document Page 2 of 5		FORM B1, Page 2	
Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)					
Location Where Filed: Northern District of IL		Case Number: 97-24149		Date Filed: 8/07/97	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)					
Name of Debtor: - None -		Case Number:		Date Filed:	
District:		Relationship:		Judge:	
Signatures					
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.			Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		
X /s/ Michael F. Journigan Signature of Debtor Michael F. Journigan			Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.		
X /s/ Donna J. Journigan Signature of Joint Debtor Donna J. Journigan			X /s/ Joseph Wrobel October 12, 2005 Signature of Attorney for Debtor(s) Date Joseph Wrobel 3078256		
Telephone Number (If not represented by attorney) October 12, 2005 Date			Exhibit C Does the debtor own or have possession of any property that poses a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No		
Signature of Attorney X /s/ Joseph Wrobel Signature of Attorney for Debtor(s) Joseph Wrobel 3078256 Printed Name of Attorney for Debtor(s) Joseph Wrobel, Ltd. Firm Name 105 West Madison Street Suite 700 Chicago, IL 60602 Address 312.781.0996 Fax: 312.606.0413 Telephone Number October 12, 2005 Date			Signature of Non-Attorney Petition Preparer I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document. Printed Name of Bankruptcy Petition Preparer Social Security Number (Required by 11 U.S.C. § 110(c).) Address Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document: If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.		
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.			X Signature of Bankruptcy Petition Preparer Date A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.		
X Signature of Authorized Individual Printed Name of Authorized Individual Title of Authorized Individual Date					

United States Bankruptcy Court
Northern District of Illinois

In re **Michael F. Journigan**
Donna J. Journigan

Debtor(s)

Case No.

Chapter

13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	<u>2,700.00</u>
Prior to the filing of this statement I have received.....	\$	<u>706.00</u>
Balance Due.....	\$	<u>1,994.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **October 12, 2005**

/s/ Joseph Wrobel

Joseph Wrobel 3078256

Joseph Wrobel, Ltd.

105 West Madison Street

Suite 700

Chicago, IL 60602

312.781.0996 Fax: 312.606.0413

Ahmed A. Mohiuddin MD 8S131 Aintree Dr. Naperville, IL 60540	CPS Security PO Box 23037 Corpus Christi, TX 78403	Medical Recovery Spec. 2200 E. Devon Ave., Suite 228 Des Plaines, IL 60018
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Anthony Lombardi DDS 3011 Theodore St. Joliet, IL 60435	Creditors Collection Bureau Inc. P.O. Box 63 Kankakee, IL 60901	Nationwide Acceptance Corp. 3435 N. Cicero Ave. Chicago, IL 60641
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Anthony Proske MD Ltd PO Box 379 Orland Park, IL 60432	Financial Asset Management Systems PO Box 620429 Atlanta, GA 30362	Northland Group P.O. Box 390846 Edina, MN 55439
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Assoc Pathologist of Joliet 330 Madison St., Suite 200A Joliet, IL 60435	First Premier Bank 900 W. Delaware PO Box 5519 Sioux Falls, SD 57117-5519	Option One Mortgage PO Box 92103 Los Angeles, CA 90009-2103
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Associated Radiologist Joliet PO Box 3837 Springfield, IL 62708-3837	Friedman & Wexler 500 W. Madison St., Suite 2910 Chicago, IL 60661	OSI Collection Service PO Box 959 Brookfield, WI 53008
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Bureau of Collection Recovery Inc. PO Box 9001 Minnetonka, MN 55345-9001	GC Services Ltd. PO Box 36203 Houston, TX 77236	Palisades Collection LLC PO Box 1274 Englewood Cliffs, NJ 07632-0274
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CAB Services Inc. 60 Barney Dr. Joliet, IL 60435	Grandma's Kitchen PO Box 26597 Lehigh Valley, PA 18002-6597	Payday Express 7144 N. Harlem Ave., Suite 343 Chicago, IL 60631
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Capitol Recovery 4505 N. Front St. PO Box 67555 Harrisburg, PA 17106-7555	Joliet Oral Surgeons 1011 W. Jefferson Joliet, IL 60435	Provena Care @ Home 9223 W. St. Francis Rd. Frankfort, IL 60423-8334
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Cash Flow Consultants PO Box 1527 Bridgeview, IL 60455-0527	KCA Financial 628 North St PO Box 53 Geneva, IL 60134	St. Joseph's Hospital P.O. Box 96304 Chicago, IL 60693
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Case 05-58982
Telecheck Recovery Dept.
PO Box 17380
Denver, CO 80217

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Desc Main

Tradewater Motor Credit
PO Box 791137
Baltimore, MD 21279-1137

Van Ru Credit Corporation
10024 Skokie Blvd
P.O. Box 1109
Skokie, IL 60076

Viking Collection Service
PO Box 59207
Minneapolis, MN 55459

Will County Treasurer
Will County Office Building
302 N. Chicago St.
Joliet, IL 60432-4059